

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y Y Y       </table>	

Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">06</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">01</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <table border="1" style="display:inline-table; width:100%; height:20px; text-align:right">3613.10</table>	
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>SE.16674</b> Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">06</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">01</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>	
Purpose of Expenditure Canvassing (estimate)		Category/ Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>		
Name of Federal Candidate NEHLS, TROY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">8988.10</table>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Headway Workforce Solutions Inc.</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">06</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">01</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>	
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <table border="1" style="display:inline-table; width:100%; height:20px; text-align:right">3613.10</table>	
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>SE.16675</b> Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">06</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">01</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>	
Purpose of Expenditure Canvassing (estimate)		Category/ Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>		
Name of Federal Candidate WALL, KATHALEEN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">12601.20</table>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%; height:20px; text-align:right">7226.20</table>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; width:100%; height:20px;"></table>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%; height:20px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

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PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <b>i360</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 37046		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Baltimore	State MD	Zip Code 21297-3046	Amount <input type="text"/>
Purpose of Expenditure Dialer Access (estimate)		Category/ Type <input type="text"/>	Transaction ID : <b>SE.16676</b>
Name of Federal Candidate NEHLS, TROY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>i360</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 37046		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Baltimore	State MD	Zip Code 21297-3046	Amount <input type="text"/>
Purpose of Expenditure Dialer Access (estimate)		Category/ Type <input type="text"/>	Transaction ID : <b>SE.16677</b>
Name of Federal Candidate WALL, KATHALEEN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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Signature